			quired to res	to respond to a collection of information unless it displays a valid OMB control number				
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
FFF TR	ANS	MITT	AI -	Application Nun	nber	10/577,337	Conf. No.: 5138	
FEE TRANSMITTAL For FY 2009			<b>~-</b>			April 28, 2006	· · · · · · · · · · · · · · · · · · ·	
			-	T. WOTT TANKED		Hitoshi NAOE		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name X. S.		X. S. WONG		
				Art Unit		2462		
TOTAL AMOUNT OF PAYMENT (\$) 180.00			Attorney Docket No. 1		1248-0867PUS1			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448  Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Colores 6 of Colores de Colores d								
— Onling to look of malacina bolom, except for the ming to								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION	011110-203	<b>.</b>						
	OCU AND	EVAMINATION	FFFO					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
A U 41 T	Small Entity			Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee		Fees Paid (\$)	
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325	***************************************	
Provisional	220	110	0	0	(	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description Each claim over 20 (including Reissues)						<u>Fee (\$)</u> 52	<u>Fee (\$)</u> 26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims						390	195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							ependent Claims	
20 or HP =	0	x		.00		Fee (\$)	Fee Paid (\$)	
HP = highest number of tota								
Indep. Claims 9 - 3 or HP =	Extra Clai	ms Fee (\$)		<u>Paid (\$)</u> .00				
HP = highest number of inde			_	.00				
3. APPLICATION SIZE								
If the specification and								
listings under 37 Cl sheets or fraction th						small entity) for	each additional 50	
Total Sheets	Extra She	ets Number	er of each	additional 50 o	r fractio	on thereof Fee	(\$) Fee Paid (\$)	
100 =	0	/ 50 =	0	(round up to a v	vhole nu	mber) x	=0.00	
4. OTHER FEE(S)  Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Submission of Information Disclosure Statement 180.00								
SUBMITTED BY		//						
Signature		2	R	egistration No. <sub>2</sub>	9271	Telepho	ne 703-205-8000	
Name (Print/Type) Charles G	orenstein	#39,491				Date Au	gust 17, 2011	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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